# **Complete Summary**

## **TITLE**

Venous thromboembolism (VTE) diagnosis and treatment: percentage of adult patients suspected of deep vein thrombosis (DVT) who have leg duplex ultrasound with compression performed despite a low clinical pretest probability and a negative D-dimer test.

## SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Feb. 79 p. [220 references]

# **Measure Domain**

#### PRIMARY MEASURE DOMAIN

**Process** 

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

## **SECONDARY MEASURE DOMAIN**

Does not apply to this measure

# **Brief Abstract**

# **DESCRIPTION**

This measure is used to assess the percentage of adult patients suspected of deep vein thrombosis (DVT) who have leg duplex ultrasound with compression performed despite a low clinical pretest probability and a negative D-dimer test.

## **RATIONALE**

The priority aim addressed by this measure is to improve accurate diagnosis and treatment of venous thromboembolism (VTE).

#### PRIMARY CLINICAL COMPONENT

Venous thromboembolism (VTE); deep vein thrombosis (DVT); duplex ultrasound with compression; low clinical pretest probability; D-dimer test

## **DENOMINATOR DESCRIPTION**

Total number of adult patients suspected of deep vein thrombosis (DVT) who have a low clinical pretest probability and a negative D-dimer test (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### **NUMERATOR DESCRIPTION**

Total number of adult patients suspected of deep vein thrombosis (DVT) who have a low clinical pretest probability and a negative D-dimer test who undergo a leg duplex ultrasound with compression

# **Evidence Supporting the Measure**

## **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

# **Evidence Supporting Need for the Measure**

## **NEED FOR THE MEASURE**

Unspecified

## **State of Use of the Measure**

## **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement

# **Application of Measure in its Current Use**

## **CARE SETTING**

Hospitals
Physician Group Practices/Clinics

## PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

**Physicians** 

## LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

**Group Clinical Practices** 

## **TARGET POPULATION AGE**

Age greater than or equal to 18 years

## **TARGET POPULATION GENDER**

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

# **Characteristics of the Primary Clinical Component**

## INCIDENCE/PREVALENCE

Unspecified

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

# **BURDEN OF ILLNESS**

Complications or comorbidities of venous thromboembolism (VTE) include massive pulmonary embolism, contraindications to anticoagulation, known history of heparin-induced thrombocytopenia, extensive iliofemoral thrombosis/phlegmasia, pregnancy, familial bleeding disorders, and severe renal dysfunction.

## **EVIDENCE FOR BURDEN OF ILLNESS**

Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Feb. 79 p. [220 references]

## **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

# **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Getting Better

#### **IOM DOMAIN**

Effectiveness

## **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Adults age 18 years and older evaluated for possible deep vein thrombosis (DVT)

A list of all adult patients evaluated for DVT during the previous target period. The medical records can be reviewed to determine the documentation of a low clinical pretest probability, negative D-dimer and the performance of a leg compression ultrasound.

Data may be collected semiannually.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

## **Inclusions**

Total number of adult patients suspected of deep vein thrombosis (DVT) who have a low clinical pretest probability\* and a negative D-dimer test

## \*Wells Model of Clinical Pretest Probability of DVT

- Active Cancer (current treatment or treated within the last 6 months, or palliative) -- 1 point
- Paralysis, paresis, or recent plaster immobilization of lower extremity -- 1 point
- Recently bedridden for more than 3 days or major surgery within 4 weeks -- 1 point
- Localized tenderness along the distribution of the deep venous system -- 1 point
- Entire leg swollen -- 1 point
- Calf swollen by more than 3 cm when compared to asymptomatic leg (measured 10 cm below the tibial tuberosity) -- 1 point
- Pitting edema (greater in the symptomatic leg) -- 1 point
- Collateral superficial veins (non-varicose) -- 1 point
- Alternative diagnosis as likely or greater than that of deep vein thrombosis -- (-)2 points

## Scoring:

If both legs are symptomatic, score the more severe side.

High risk: scored 3 or more
Moderate risk: scored 1-2
Low risk: scored 0 or less

## **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

# **DENOMINATOR (INDEX) EVENT**

Clinical Condition Diagnostic Evaluation

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

## **Inclusions**

Total number of adult patients suspected of deep vein thrombosis (DVT) who have a low clinical pretest probability and a negative D-dimer test who undergo a leg duplex ultrasound with compression

## **Exclusions**

Unspecified

# MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Episode of care

#### **DATA SOURCE**

Administrative data Medical record

# LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

# **Computation of the Measure**

## **SCORING**

Rate

## **INTERPRETATION OF SCORE**

Better quality is associated with a lower score

# **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

## STANDARD OF COMPARISON

Internal time comparison

# **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

Unspecified

# **Identifying Information**

## **ORIGINAL TITLE**

Percentage of adult patients suspected of DVT who have leg duplex ultrasound with compression performed, despite a low clinical pretest probability and a negative D-dimer test.

## **MEASURE COLLECTION**

Venous Thromboembolism Diagnosis and Treatment Measures

# **DEVELOPER**

Institute for Clinical Systems Improvement

## **FUNDING SOURCE(S)**

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

#### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

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#### **ADAPTATION**

Measure was not adapted from another source.

#### **RELEASE DATE**

2006 Feb

## **REVISION DATE**

2009 Feb

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Jun. 91 p.

## SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Venous thromboembolism diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Feb. 79 p. [220 references]

## **MEASURE AVAILABILITY**

The individual measure, "Percentage of Adult Patients Suspected of DVT Who Have Leg Duplex Ultrasound with Compression Performed, Despite a Low Clinical Pretest Probability and a Negative D-dimer Test," is published in "Health Care Guideline: Venous Thromboembolism Diagnosis and Treatment." This document is available from the Institute for Clinical Systems Improvement (ICSI) Web site.

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

#### **NOMC STATUS**

This NQMC summary was completed by ECRI on May 1, 2006. This NQMC summary was updated by ECRI Institute on October 8, 2007 and again on June 30, 2009.

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Date Modified: 10/5/2009

